

# ELLINGTON PARKS AND RECREATION PROGRAM

## Registration Form 2010

REGISTRATION DATE: \_\_\_\_\_ Program: \_\_\_\_\_

### PARTICIPANT INFORMATION

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: ☐ Male ☐ Female

Complete for Child Registration ONLY: School: \_\_\_\_\_ Grade: \_\_\_\_\_

### MEDICAL INFORMATION

☐ Asthma ☐ Glasses ☐ Contact Lenses ☐ Braces ☐ Arthritis ☐ Knee Problem ☐ Back Problem ☐ Hypertension ☐ Osteoporosis

Medical Concerns: \_\_\_\_\_

Current if Checked: ☐ Tetanus ☐ Diphtheria ☐ Polio

Physician Name: \_\_\_\_\_ Physician Phone: \_\_\_\_\_ Hospital Preference: \_\_\_\_\_

Dentist Name: \_\_\_\_\_ Dentist Phone: \_\_\_\_\_ Insurance Co: \_\_\_\_\_

### EMERGENCY CONTACTS: (OTHER THAN PARENTS OR GUARDIANS IF FOR CHILD REGISTRATION)

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

### MEDICAL AUTHORIZATION - optional

*In all cases requiring emergency treatment and in the event that I am unable to respond, I hereby give my permission to the Ellington Parks and Recreation Commission/Department staff and the Town of Ellington or his/her designee to select a Physician for treatment, or for treatment of the registered child, if I cannot be reached. I further authorize the physician to proceed with an examination, investigation, and hospitalization, necessary treatment of any injury and/or illness, and operation if needed. I also understand that the Town of Ellington does not provide accident or health insurance.*

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

### PARENT/GUARDIAN INFORMATION FOR CHILD REGISTRATION: Lives with: ☐ Mother ☐ Father ☐ Both Parents

Father/Guardian: \_\_\_\_\_ Mother/Guardian: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-Mail: \_\_\_\_\_ E-Mail: \_\_\_\_\_

*I have reviewed the above information and deemed it to be true and accurate. I hereby agree to participate in the above indicated program, or give my permission for the registered child to participate in the above indicated program, through the Town of Ellington Parks and Recreation Department.*

SIGNATURE: \_\_\_\_\_ PRINTED NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

### FOR OFFICE USE ONLY:

FEE: \_\_\_\_\_ TOTAL PAID: \_\_\_\_\_ DATE PAID: \_\_\_\_\_ CASH CHECK #: \_\_\_\_\_ REC'D BY: \_\_\_\_\_